FORM D

PROCESSED

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

AFR 22 2003 THOMSON FINANCIAL

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

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OMB APPR	ROVAL
OMB Number:	3235-0076
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UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.)	SEG
Vision Bancshares, Inc. 2007 Offering Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	Wall Processing Section
A. BASIC IDENTIFICATION DATA	APR 15 2008
. Enter the information requested about the issuer /	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	Washington, DC
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (956) 718-1350
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Type of Business Organization Corporation limited partnership, already formed other (p	please spec
Month Year Actual or Estimated Date of Incorporation or Organization: [0] [8] [0] [0] Actual [1] Estinurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Pederal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 17d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given by which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20:	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually shotocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
information Required: A new filing must contain all information requested. Amendments need only repoint information requested in Part C, and any material changes from the information previously supplied be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
state: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for supplied and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Same to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for occompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unle	

filing of a federal notice.

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	•										rpo.	rate general and man	aging	partners o	ı partn	eranip issuers; and
	•	Each	gener	al and	mana	Stut	g partner	of par	inership issue:	rs.						
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						Nu	unber an	d Stree	i, City, State,	Zip Code	1		-			
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		lox(es) (romoter		Beneficial C)wner	7	Executive Officer	Ø	Director		General and/or Managing Partner
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Bus	ines	or Res	idenc	Addr	655	(No	mber an	d Stree	1, City, State,	Zip Code)					
302	We	stmon	t Drlv	e, La	redo,	Te	xas 78()41								
Che	ck El	ox(cs)	hat A	pply:		Pi	romoter		Beneficial C)wner		Executive Officer	Ø	Director		General and/or Managing Partner
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14	23 F	almer	Drive	, Lare	ido, i	Tex	as 780	45								
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2. Enter the information re					
•		suer has been organized w			_
					a class of equity securities of the issuer.
		f corporate issuers and of	corporate general and man	laging partners of	partnership issuers; and
 Each general and r 	nanaging partner o	f partnership issuers.			
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, i Veln, Jr., Carlos	f Individual)			<u>_</u>	
Business or Residence Addre 8512 Alta Mira, Laredo,		Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Bxccutive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)	•	-		
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Bxecutive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	·			
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(cs) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zlp Co	ode)		
Check Box(es) that Apply:	Promotor	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Puti Name (Last name first,	if individual)				
Business or Residence Addre	SS (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			· .	
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		
	(Uso bia	nk sheet, or copy and use	additional copies of this s	heet, as necessary)

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l. Has the	C ISSUEL SOI	u, or uoes i			n Appendix				•	•••••••••		X
2. What i	s the minim	num investr			- •		_				s	
Z. Wildi i	s mo mmm	idin mvosu	nome that v	, iii oc acc c	prou nom	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	****************	*****************	Yes	No
3. Does t	he offering	permit join	t ownershi	ip of a sing	de unit?	• • • • • • • • • • • • • • • • • • • •	**********				R	
commi If a per or state	ssion or sim son to be lises, list the n	ilar remune sted is an as	ration for: sociated po proker or d	solicitation erson or age caler. If me	of purchas ent of a brol ore than fiv	ers in conn ker or deale c (5) perso	ection with or registere ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	irectly, any he offering. with a state sons of such		
Full Name	(Last name	first, if ind	ividual)									
Business or	Residence	Address (1	lumber an	d Street, C	ity, State, 2	Zip Code)						
					•••				-			
Name of As	ssociated B	roker or De	aler									
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers					<u> </u>	
(Check	"All State:	s" or check	individual	l States)						•••••••••	☐ Al	l States
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	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE)	NV	NH	NJ	MM	NY)	(NC)	ND	OH	ŌK]	OR	PA
RI	SC	SD	TN	TX	(UT)	(VT)	VA)	WA	WV	WI	WŸ	PR
Full Name	(Last name	first, if ind	ividual)			· · · · ·		•	-	-		
Business o	r Residence	Address (Number an	d Street, C	City, State,	Zip Code)				·····		
Name of As	ssociated B	roker or De	aler									
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State:	s" or check	individual	States)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				☐ AI	l States
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	ĪЙ]	ĪĀ	KS	(KY)	LA	ME	MD	MA	MI	MN	MS	MO
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Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (i	Number an	d Street, C	City, State,	Zip Code)				,		
Name of As	sociated Br	roker or De	aler					····	-			, , , , , , , , , , , , , , , , , , ,
States in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						·
		s" or check						************			□ A1:	l States
AL	ΛK	[AZ]	AR	(ĈA)	CO	<u>[CT]</u>	DΕ	DC	FL	(GA)	HI	(II)
		IA)	KS}	KY	LA	ME	MD)	MA	MU		MS	MO
MT	NE	NY	NH	N	NM	NY	NC	D	OH		OR	PA
RI	(SC)	SD	TN	TX	(UT)	∇T	VA	WA	WV	WI	WY	PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box _ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	S	\$
	Equity	7,500,000.00	\$ 7,500,000.00
	☑ Common ☐ Preferred	-	
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	.	s
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	89	\$_7,500,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question I.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	Z	\$ 100.00
	Legal Fees		\$ 12,000.00
	Accounting Fees	_	\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	s
	Other Expenses (identify)	li.	\$ 3,357.55
	Total		e 15,457,55

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and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjust proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be each of the purposes shown. If the amount for any purpose is not known, furnish an esticheck the box to the left of the estimate. The total of the payments listed must equal the adjust proceeds to the issuer set forth in response to Part C — Question 4.b above.	c used for mate and	\$
	Payments to Officers, Directors, & Affiliates	
Salaries and fees	-	
Purchase of real estate		_ 🗆 \$
Purchase, rental or leasing and installation of machinery and equipment		□\$
Construction or leasing of plant buildings and facilities		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	\\$	_ []\$
Repayment of indebtedness		
Working capital		
Other (specify): capital injection into subsidiary bank	[] \$_6,750,000	ss
		_ 🗆 \$
Coluran Totals	<u>\$_7,500,000</u>	0.00 \$ 0.00
Total Payments Listed (column totals added)	s_	7,500,000.00
A STATE OF THE STA		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If t signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange he information furnished by the issuer to any non-accredited investor pursuant to paragraph (Commission, upon writ	
ssuer (Print or Type) Signature	Pate	
Vision Bancshares, Inc.	April:	10, 2008
Name of Signer (Print or Type) Title of Signer (Print or Type)		
Douglas G. Macdonald President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Mark to the state of the state			8
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No K	
See Appendix, Column 5, for state response.			

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Vision Bancshares, Inc.	Douglas G. Macamold	April 10, 2008
Name (Print or Type)	Title (Frint or Type)	
Douglas G. Macdonald	President	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				, Aller	PENDIX		ng ti min	V V	
l l	Intend to non-a investor	to sell ceredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	·	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
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1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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МТ										
NE										
NV										
NH										
lИ										
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ТХ		×	Common stock \$24 per share	89	\$7,500.0	0.00 -0-	-0-		×	
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1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate	4				5 Disqualification under State ULOE (if yes, attach	
			offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									